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COMM. OF ELECTIONS

2007 JUL 18 A 9:18

**Campaign Finance Section  
Financial Reports**

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name: Committee to Elect Carleton E. Carey, Sr.

Account Number: \_\_\_\_\_

Date of this Report: \_\_\_\_\_

REPORTING PERIOD: FROM: 3-19-07 TO: 4-9-07

Check the box that applies to this report:

Primary Election	<input type="checkbox"/> 8-DAY	<input type="checkbox"/> 30-DAY
General Election	<input type="checkbox"/> 8-DAY	<input type="checkbox"/> 30-DAY
Other Election	<input checked="" type="checkbox"/> 8-DAY	<input type="checkbox"/> 30-DAY
Special Election	<input type="checkbox"/> 8-DAY	<input type="checkbox"/> 30-DAY

Office: City of Dover City Councilman At Large

Year End Report ☐ Completed Activities (Terminate) ☐

Termination Date: \_\_\_\_\_

I authorize that all information included in this Financial Report package is accurate and correct. I agree to abide by all rules and regulations regarding Campaign Finance and the election process in the State of Delaware. I understand that representatives from the Office of the State Election Commissioner will perform an audit of all information provided on this report.

Blanche Carey  
TREASURER SIGNATURE

7-18-07  
DATE

Carleton E. Carey Sr.  
CANDIDATE SIGNATURE

7-18-07  
DATE

700101061201



## STATEMENT OF ACCOUNT BALANCE

ACCOUNT #: \_\_\_\_\_

REPORTING PERIOD: \_\_\_\_\_

3-19-07

4-9-07

FROM

TO

1. BEGINNING BALANCE \$16.54  
(Close Out Balance from last reporting period)
2. RECEIPTS:
  - A. SCHEDULE A – TOTAL RECEIPTS \_\_\_\_\_
  - B. SCHEDULE C-1 – TOTAL IN-KIND (NON CASH) RECEIPTS \_\_\_\_\_
  - C. SCHEDULE D-1 – LOANS RECEIVED AND DEBTS INCURRED \_\_\_\_\_
  - D. SCHEDULE E – INTER COMMITTEE (SHARED) EXPENSES RECEIVED \_\_\_\_\_
  - E. SUBTOTAL (Total of A, B, C, D) \_\_\_\_\_
3. EXPENDITURES:
  - F. SCHEDULE B – TOTAL EXPENDITURES \_\_\_\_\_
  - G. SCHEDULE C-2 – TOTAL IN-KIND EXPENSES (IN KIND RECEIPTS USED) \_\_\_\_\_
  - H. SCHEDULE D-2 – LOANS AND DEBTS OUTSTANDING \_\_\_\_\_
  - I. SCHEDULE E – INTER COMMITTEE (SHARED) EXPENSES PAID \_\_\_\_\_
  - J. SUBTOTAL (Total of F, G, H, I) \_\_\_\_\_
4. ENDING BALANCE 16.54  
(Beginning Balance plus 2E, minus 3J)
5. NON-CASH ASSETS (IN KIND RECEIPTS NOT YET USED (From Schedule F) \_\_\_\_\_
6. DISPOSITION OF LEFT OVER ASSETS (CLOSING COMMITTEE) (From Schedule G) \_\_\_\_\_
7. LOANS AT END OF PERIOD (Loan Balance from Schedule D-2) \_\_\_\_\_
8. CLOSE OUT BALANCE (Must equal zero if Committee closed) \_\_\_\_\_











**TO**

**LOANS RECEIVED IN EXCESS OF \$50:**Page 7 of 11





## SCHEDULE E - INTER COMMITTEE (SHARED) EXPENSES

ACCT #:

REPORTING PERIOD:

3-19-07 4-9-07  
FROM TO

All expense reimbursements received by you and paid by you must be itemized.

### REIMBURSEMENTS RECEIVED (Monies paid to you as reimbursements from other Committees for expenses you incurred.)

Date Received	Reimburser Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amount	Reimbursement Received
TOTAL REIMBURSEMENTS RECEIVED FROM OTHER COMMITTEES					0
(REIMBURSEMENTS RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2D)					

### REIMBURSEMENTS PAID (Monies paid by you to reimburse other committees for expenses they incurred.)

Date Paid	Payee Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amount	Reimbursement Paid
TOTAL REIMBURSEMENTS PAID					0
(REIMBURSEMENTS PAID TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3I)					



